

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official-Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7640</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Anthony</u> <u>Buscema</u> P.O. Box, Bldg., Room No., if any Street <u>1622 West 5th Street</u> City <u>Brooklyn</u> State <u>New York</u> ZIP Code + 4 <u>11223</u>	4. Name, file number, and address of labor organization. Name <u>I.U.P.A.T. District Council No. 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P.O. Box, Building and Room Number, if any Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>None</u> 7.b. Amount. <u>\$0</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Anthony Buscema

On

8-10-2005

Date

(212) 255-2950

Telephone Number

Name of Person Filing <b>Anthony Buscema</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Master Painters Association of New York City</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b>Room 506</b></p> <p>Street <b>50 East 42nd Street</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10017</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:</p> <table style="width: 100%;"> <tr> <td>Convention</td> <td>- \$2,500</td> </tr> <tr> <td>Advertising</td> <td>- \$ 600</td> </tr> <tr> <td>Contributions</td> <td>- \$ 200</td> </tr> </table> <p>11.b. Approximate dollar value of such dealing. <b>\$3,300</b></p> <p>12.a. Nature of interest held or income received.</p> <p>Annual installation lunch for association officer.</p> <p>12.b. Amount. <b>\$60</b></p>	Convention	- \$2,500	Advertising	- \$ 600	Contributions	- \$ 200
Convention	- \$2,500						
Advertising	- \$ 600						
Contributions	- \$ 200						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p>	<p>14.a. Nature of payment.</p> <p>None</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <b>\$0</b></p>

Name of Person Filing **Anthony Buscema**

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Koehler & Isaacs, LLP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **29th Floor**Street **120 Broadway**City **New York**State **New York**ZIP Code + 4 **10017****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**11.a. Nature of such dealing.****Fees paid for legal services for calendar year 2004.****11.b. Approximate dollar value of such dealing.****\$149,189****12.a. Nature of interest held or income received.****Holiday party****12.b. Amount.****\$40**

Name of Person Filing Anthony Buscema

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Union Labor Life Insurance Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 451 Park Avenue South

City New York

State New York ZIP Code + 4 10016

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Union Labor Life Insurance Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 451 Park Avenue South

City New York

State New York ZIP Code + 4 10016

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$8,707,288

## 12.a. Nature of interest held or income received.

Lunch with insurance carrier representative.

12.b. Amount.

\$15

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York

ZIP Code + 4 10011-7419

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York

ZIP Code + 4 10011-7419

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Annual holiday party.

12.b. Amount.

\$100